



CITY OF BEDFORD OHIO

TAX DEPARTMENT . . MUNICIPAL INCOME TAX QUESTIONNAIRE

NAME _____ **PHONE** _____

TRADE NAME _____

ADDRESS _____

MAILING ADDRESS _____

HOME OFFICE ADDRESS _____

NATURE OF BUSINESS _____

SOLE PROP _____ **PARTNERSHIP** _____ **CORP** _____ **OTHER** _____

FEDERAL ID OR SOCIAL SECURITY NUMBER _____

CALENDAR YEAR END _____ **OR FISCAL YEAR END** _____

APROXIMATE NUMBER OF EMPLOYEES WORKING IN BEDFORD _____

PERSON RESPONSIBLE FOR PAYROLL RECORDS _____

ACCOUNTANT _____ **PHONE NUMBER** _____

OWNER OR LESSOR OF PREMISES _____

ADDRESS _____ **PHONE NUMBER** _____

DATE STARTED OPERATING IN BEDFORD _____

FEDERAL ID NUMBER _____